



STATE OF NEW JERSEY  
PUBLIC EMPLOYMENT RELATIONS COMMISSION  
PO Box 429  
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery  
495 West State St.  
Trenton, NJ 08618

UNFAIR PRACTICE CHARGE

File an original and 9 copies of this charge with the Director of Unfair Practices, Public Employment Relations Commission, together with proof of the simultaneous service of a copy of the charge on the respondent(s). See Instructions on back.	DO NOT WRITE IN THIS SPACE
	DOCKET NO.
DATE FILED:	

1. CHARGING PARTY

Full Name:

County:

Address of Charging Party (Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact

Telephone No.

Attorney/Consultant Representing Charging Party (if any):

Telephone No.

Attorney/Consultant Address (Street and Number, City, State and Zip Code):

2. RESPONDENT(S) (Public employer and/or employee organization against whom charge is made)

Full Name:

County:

Address of Respondent(s) (Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact:

Telephone No.

Attorney/Consultant Representing Respondent(s) (if any):

Telephone No.

Attorney/Consultant Address (Street and Number, City, State and Zip Code):

3. STATEMENT OF CHARGE (See instructions on back)

Pursuant to the New Jersey Employer-Employee Relations Act, as amended, the charging party hereby alleges that the above-named respondent(s) has (have) engaged or is (are) engaging in an unfair practice within the meaning of N.J.S.A. 34:13A-5.4(a), subsection(s) and/or N.J.S.A. 34:13A-5.4(b), subsection(s) , in that: 

(List subsections)

(List subsections)

(Indicate whether additional sheets are attached)

(March 7, 2001)

(Continued on back)

4. REMEDY SOUGHT (State the remedy you request the Commission to order)

(Indicate whether additional sheets are attached)

5. CHECK ALL PETITIONS AND/OR CHARGES FILED RECENTLY OR SIMULTANEOUSLY WITH THIS CHARGE.  
(Indicate date(s) filed and docket number(s) assigned, if available)

9	Petition to Initiate Compulsory Interest Arbitration Docket No._____ Date Filed:_____	9	Request for Submission of Panel of Arbitrators Docket No._____ Date Filed:_____
9	Notice of Impasse Docket No._____ Date Filed:_____	9	Scope of Negotiations Petition Docket No._____ Date Filed:_____
9	Representation Petition Docket No._____ Date Filed:_____	9	Petition for Issue Definition Determination Docket No._____ Date Filed:_____
9	Petition for Contested Transfer Determination Docket No._____ Date Filed:_____	9	Other Unfair Practice Charge(s) Docket No._____ Date Filed:_____
9	Related Filings At Other Administrative Agencies Docket No._____ Date Filed:_____	9	Other (explain)

6. CERTIFICATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Signature

Title

Date

INSTRUCTIONS FOR FILING AN UNFAIR PRACTICE CHARGE

1. Type or clearly print all information.

2. Fill in all sections of the charge.

3. Under “Statement of Charge” provide a clear and concise statement of the facts constituting the alleged unfair practice.  
Be sure to:

a. list the subsections of the Act alleged to have been violated.

b. specify the time and place the alleged acts occurred and the names of the persons alleged to have committed such acts.

Attach additional sheets if necessary.

4. State specifically the remedy you are asking the Commission to order.

5. Indicate all related petitions and charges by “checking” the appropriate boxes and filling in the Docket No. and Date Filed.

6. Sign the Certification above.

7. File an original and nine copies with the Director of Unfair Practices, Public Employment Relations Commission.

8. Include with your filing proof that you served a copy of the charge on the respondent(s). Proof can take the form of a statement explaining how, when and on whom the charge has been served.